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CONFIRMATION NO. 8214

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/682,157	10/08/2003 **RULE** 1.47	707	3626	036806.00433

APPLICANTS
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**** CONTINUING DATA ***************************
This appln claims benefit of 60/416,798 10/08/2002

**** FOREIGN APPLICATIONS ***************************

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
01/05/2004

Foreign Priority claimed	35 USC 119(a-d) conditions met	Verified and Acknowledged		STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
❑ Yes ☑ No	❑ Yes ☑ No	/AMBER L ALTSCHUL/ Examiner's Signature	❑ Met after Allowance AA Initials	WI	3	20	2

ADDRESS

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TITLE

Method for assimilating and using pharmacy data

FILING FEE RECEIVED		
900	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	❑ All Fees ❑ 1.16 Fees (Filing) ❑ 1.17 Fees (Processing Ext. of time) ❑ 1.18 Fees (Issue) ❑ Other _____ ❑ Credit